

# Asset Transfer Out Request

**Please Read**

Please complete all sections of this form. *All information on this document must be completed and returned to Nationwide Retirement Solutions (Nationwide) in order to be processed.* If you require assistance in completing this form or need additional information, please contact us at 1-800-653-4632.  
Upon completion of this form, please return the original signed document to:  
**(Faxes and photocopies of this form will not be accepted.)**

**Nationwide Retirement Solutions**  
P.O. Box 182797  
Columbus, Ohio 43218

**Participant Information**

|                                 |                               |
|---------------------------------|-------------------------------|
| <b>Name</b>                     | <b>Social Security Number</b> |
| <b>Current Address</b>          | <b>Home Phone Number</b>      |
| <b>City, State and Zip Code</b> | <b>Work Phone Number</b>      |
| <b>Email Address</b>            | <b>Best Time to Contact</b>   |

**Employer Information**

|                                   |                      |
|-----------------------------------|----------------------|
| <b>Employer Name</b>              | <b>Employer Plan</b> |
| <b>Department (if applicable)</b> |                      |

**Transfer to Carrier**

|  |                             |
|--|-----------------------------|
| <b>Name of Carrier (check will be made payable to new carrier)</b> | <b>Contact Name</b>         |
| <b>Mailing Address</b>   | <b>Contact Phone Number</b> |
| <b>City, State and Zip Code</b>                                    |                             |
| <b>Reason for Transfer</b>   |                             |

**Fund Transfer & Life Insurance Information**

**Check all that apply:**  
**FIXED:**  
 5 - year transfer  
 (monthly transfer from the fixed account that guarantees 100% liquidation of your account over a 60 month period)  
 100% of the fixed account balance  
 (if permitted by the Plan, otherwise will be defaulted to a one time 20% transfer of the fixed assets)  
**VARIABLE:**  
 100% of the account balance  
 \$ \_\_\_\_\_ (enter dollar amount)  
**OTHER:**  
 Specify an investment option to liquidate and percentage or dollar amount of transfer amount.

| INVESTMENT OPTION | AMOUNT (% or \$) |
|-------------------|------------------|
|                   |                  |
|                   |                  |
|                   |                  |
| <b>TOTAL:</b>     |                  |

If you have life insurance coverage through the Plan, please be aware that if you choose to change your deferrals in conjunction with a transfer, your policy may lapse and your coverage will no longer be in effect. Also, you remain responsible for compliance with applicable tax regulations concerning life insurance through the Plan.  
 Cancel Life Coverage: Refund Cash Surrender Value to Annuity  
 Stop Deferral flow and allow Cash Surrender Value to keep policy in force until value is exhausted.

**Investment Direction to Nationwide Retirement Solutions**

I AUTHORIZE A TRANSFER OF MY FUNDS TO THE CARRIER OF THE INVESTMENT OPTION(S) DESIGNATED ABOVE. I certify that the payee is eligible to accept this distribution on my behalf. I acknowledge that this transfer may be subject to surrender charges as provided in the contract. Some states require that I am advised that any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

|   |              |  |             |
|---|--------------|--|-------------|
| <b>Participant Signature</b>  |              |  | <b>Date</b> |
| <i>By signing this form, the employer and the transferring agent certify this transfer is to a deferred compensation program contracted by the above employer</i> |              |  |             |
| <b>Authorized Employer Name</b>   | <b>Title</b> | <b>Authorized Employer Signature</b>                 | <b>Date</b> |
| <b>Employer Phone Number</b>  |              |  | <b>Date</b> |
| <b>Registered Representative of Record</b>  |              | <b>Registered Representative of Record Signature</b> | <b>Date</b> |